

**UNIVERSAL STANDARDS FOR HIV/
AIDS CORE MEDICAL AND SUPPORT
SERVICES FOR ALABAMA RYAN
WHITE HIV/AIDS PART B PROGRAM**

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INTRODUCTION

Standards of Care represent the minimum requirements that programs are expected to meet when providing HIV/AIDS care and support services. These standards are intended to help agencies meet the needs of their clients. These standards do not address all aspects of care but focus on the most important factors. Providers may exceed these standards.

Background

The Ryan White CARE Act, Part B, provides emergency assistance to RWHAP individuals most severely affected by the HIV/AIDS epidemic. The CARE Act stipulates that Part B funds should be used to provide access to integrated health services and support services for persons living with HIV/AIDS (PWH) who

- Resident within the State of Alabama
- Meet financial eligibility
- Have no or limited third party payment source (uninsured or underinsured)
- Ryan White Part B funding is the payer of last resort

CARE funds will be used only for services that are not reimbursed by any other source of revenue. In addition to these universal standards, the ADPH (Recipient) is developing standards of care for all Part B funded HIV/AIDS health and support services in Alabama. These standards are designed to define the minimally acceptable levels of service delivery and provide suggested measures to determine whether service standards are being met.

The Standards of Care in this document were developed by the Alabama Department of Public Health, Clinical Quality Management Program in Coordination with the RWHAP Part B Service Standard Specialist Committee. Information within these standards was adapted from the 2009 Boston Public Health Commission Standards of Care for HIV Services, 2002 San Francisco EMA Primary Care Standards of Care, and the Washington, D.C. EMA

UNIVERSAL STANDARDS

The Universal Standards are the minimum general requirements that all Ryan White funded providers are expected to meet when providing HIV care and support services. However, these standards are applicable but not required to be followed by non-Ryan White funded providers in the State of Alabama. The objectives of the Universal Standards are to help achieve the goals of each service area by ensuring that programs:

- Have policies and procedures in place to protect clients' rights and ensure quality of care
- Provide clients with access to the highest quality services through experienced, trained and, when appropriate, licensed staff;
- Provide services that are culturally and linguistically appropriate; meet Federal, State and local requirements regarding safety, sanitation, access, public health, and infection control;

- Guarantee client confidentiality, protect client autonomy, and comprehensively inform clients of services and fees, establish client eligibility, and collect client information through an intake process;
- Effectively assess client needs and encourage informed and active client participation;
- Address client needs effectively through coordination of care with appropriate providers and linkages to services;
- Have a process of conflict resolution, grievance review and advocacy; and
- Ensure access to all people living with HIV in Alabama

1.0 Agency Policies and Procedures

The purpose of the standards for agency policies and procedures are to:

- Guarantee client confidentiality, and provide a fair process to address clients' grievances; Ensure client and staff safety and wellbeing;
- Ensure quality care
- Facilitate communication and service delivery; and
- Ensure that agencies comply with appropriate local, state and federal regulations.

All provider agencies offering services in the state of Alabama must have written policies and procedures that address client confidentiality, release of information, client grievance procedures, and eligibility.

(See section 2.0 for eligibility details)

1. Agency Policies and Procedures

Standard	Measure
<p>1.1) The agency must comply with the American with Disabilities Act (ADA) criteria for accessibility and have written policies and procedures to ensure that this occurs.</p> <p>In the case of programs with multiple sites offering identical services, at least one of the sites must be in compliance with relevant ADA criteria.</p> <p>All facilities and contracted services must meet the ADA guidelines in regard to the following:</p> <ul style="list-style-type: none"> • Public accommodations (Title III) • Telecommunications (Title IV) • Miscellaneous (Title V) 	<p>1.1) Written policy on file at agency and available upon request.</p>

1.2) The agency facilities must comply with all federal, state and local workplace safety laws and regulations including fire safety.	1.2) Written policy and procedures on file at the agency. All required licenses and permits are maintained and prominently displayed in accordance with Federal, State and local laws and regulations.
1.3) The agency must comply with Title VI of Civil Rights Act of 1964 and with all other relevant human rights federal, state, and local laws and/or regulations that ensure that no client or staff member will, on the grounds of race, color, national origin, religion or membership in other legally protected class (e.g., sexual orientation, gender identity/expression) be excluded from participation, be denied benefits, or be subjected to discrimination under any agency program or activity.	1.3) Written policy and procedures on file and easily accessible.
1.4) The agency must have an emergency back-up site identified that is available to them for use should their primary facility become unavailable.	1.4) Written documentation specifying an emergency back-up site with an address and telephone number.
1.5) The agency must post in clear public view at each location where services are provided the days and hours of operation for all services.	1.5) Days and hours of operation are clearly posted in the agency's public areas and on the agency's website if applicable.
1.6) The agency must use Ryan White funds as the payer of last resort and must have written policies and procedures to ensure that this occurs. The agency must verify each client's eligibility for receiving Ryan White Part B (RWHAP) funded services and must have written policies and procedures regarding the verification process. (See Standard 2.0: Eligibility)	1.6) Written policies and procedures on file and easily accessible. Documentation that agency staff have checked the client's current status and eligibility for Medicaid, Medicare and other third-party payer systems prior to provision of service for all services that are can be billed to these third-party payers. Documentation must include the staff's, initials/signature. Documentation that those without insurance are assisted with an application for health benefits.

<p>1.7) The agency must acquire the client's signed consent prior to initiation of services and have written policies and procedures to ensure that this occurs.</p> <p>The agency must offer the client a copy of the signed consent form.</p>	<p>1.7) Written policies and procedures are on file and easily accessible.</p> <p>Original signed (by client or their legal guardian) and dated consent form that describes the services to be provided. The form should remain in the client's file indefinitely.</p>
<p>1.8) The agency must protect the confidentiality of all client information in accordance with all relevant federal, state, and local laws and/or regulations.</p> <p>The agency should have written policies and procedures that ensure the confidentiality of all client information.</p> <p>The agency must ensure that client confidentiality is maintained in all situations - in the facility, including in the waiting rooms and within support groups; and that medical communications occur in a confidential manner.</p> <p>The agency must offer the client a copy of the Confidentiality Statement form(s) to the client to sign and to ensure the client's information, as well as other clients they come into contact with at with the agency will be protected.</p> <p>The agency must offer a signed copy of the form to the client.</p>	<p>1.8) Written policies and procedures are on file and easily accessible.</p> <p>Original completed signed (by client or their legal guardian) and dated Confidentiality Statement should. Be maintained in the client's record indefinitely.</p> <p>Documentation in the client's record that they were offered a copy of the signed form(s).</p>

<p>1.9) The agency must maintain a single record for each client, unless there is clear rationale as to why this should not occur, for example protecting mental health treatment information.</p> <p>The agency must store and retain client records and identifying information securely in accordance with HIPAA and other federal, state and local laws and regulations; and have written policies and procedures to ensure this occurs.</p> <p>All client records and identifying information must be protected from unauthorized use, in accordance with all relevant federal, state, and local laws and regulations.</p> <p>Any information that has been purged from the chart will be documented to include date purged and storage location. All purged information must be maintained for a period of time in accordance with relevant federal, state and local law and regulations.</p> <p>Upon discharge from a service, through closure, transfer, or termination, a discharge summary which documents the process and/or reasons for the action must be written and placed in the client's record. If the client is discharged from all services, the entire chart should be maintained for five years in a secure location either in paper or electronic record.</p>	<p>1.9) One record is present for each client.</p> <p>The client's paper record and identifying information are stored in a locked file or room with access limited to appropriate personnel.</p> <p>Electronic records with identifying information are password protected with access only limited to appropriate personnel.</p> <p>Documentation is present demonstrating when and by whom records have been gained access to or retrieved.</p> <p>Copies of all required forms that must be signed by the client and/or provider are maintained in every client's file.</p>
<p>1.10) The agency must have written policies and procedures for obtaining or releasing the client's protected health information.</p> <p>When client information must be released or obtained, the client or their legal guardian must sign and date a Release of Information Form (ROI) that specifies the following: What information is to be released/obtained; to/from whom is the information being released/obtained (including address); and for what purpose. The form must also specify a date of expiration, not to exceed 12 months. The staff member who explains the release of information form to the client must also sign and date the form.</p> <p>The client or their guardian should never be asked to sign a blank ROI.</p> <p>The client should be offered a copy of each signed ROI.</p>	<p>1.10) Written policy and procedure on file and easily accessible.</p> <p>A Release of Information Form (ROI) exists for each specific request for client information.</p> <p>Each request is signed and dated by the client or their legal guardian.</p> <p>Each ROI form indicates the destination of the client's information or from whom information is being requested before the client or their guardian signs the release.</p>

<p>1.11) The agency must have written policies and procedures that detail their conflict mediation/grievance process. These should contain the process for initiation, review and resolution of client complaints/grievances in a manner that the client can understand.</p> <p>The client should be offered and should sign and date a copy of the Conflict Mediation/Grievance policy and procedure upon initiating service and then annually thereafter.</p> <p>The original initial and most current forms are maintained in client's record.</p>	<p>1.11) Written, signed (by client or their legal guardian and agency staff) and dated Grievance Procedure.</p> <p>Documentation in the client's record that they were offered a copy of the form(s).</p>
<p>1.12) The agency must maintain progress notes of all communication between provider and client (or on behalf of the client). This must include documentation of all messages left for the provider. Progress notes must indicate the service provided and referrals that link clients to needed services.</p> <p>The agency must have policies and procedures for documentation in progress notes of communication between provider and client or other contact on behalf of client.</p> <p>Documentation should be noted in client's record within 2 days of occurrence. (48 hours)</p> <p>Documentation must be dated, legible, and in chronological order.</p>	<p>1.12) Written policy and procedure on file that is easily accessible.</p> <p>Progress notes maintained in client's record.</p> <p>In the client's record, dated and legible progress notes in chronological order.</p> <p>Non-emergency phone calls returned in two days.</p>

2. Eligibility

In order for the agency to provide services funded by Ryan White Part B to clients, these clients must meet general eligibility criteria which include:

- Positive HIV status
- Residency within the State of Alabama
- Underinsured and or low income
- Ryan White Part B funds are the payer of last resort

CLIENT ELIGIBILITY

There are four (4) requirements that must be met to receive RWHAP Part B and/or ADAP services. In addition, all clients must complete a biannual (twice a year) eligibility assessment to remain eligible for services. Alabama's RWHAP Part B and ADAP utilizes a date of birth (DOB) eligibility schedule, with all clients recertifying during the birth month and half birth month.

1. HIV positive
2. Alabama resident
3. Total gross income at or below 400 percent of the federal poverty level (FPL)
4. Ryan White must be the payer of last resort (e.g., No third-party payer available)
5. To remain eligible, complete birth month and half birth month recertification

Prior to providing services, each ADAP and/or Part B sub-recipient provider must complete a full client eligibility assessment, including all required documentation, within Alabama's RWHAP Part B and ADAP shared eligibility system. The eligibility assessment, as well as the required birth month and half birth month recertification, must be completed before providing services or requesting payment for services rendered.

***All documentation must be dated within the 90 days prior to application (or recertification)* and must be included in Alabama's RWHAP Part B and ADAP shared eligibility system and available for review upon request.**

Standard	Measure
<p>2.1) The agency must have policies and procedures that describe both the eligibility criteria for receiving Ryan White Part B funded services AND the list of acceptable documents that can be used to fulfill those eligibility criteria.</p> <p>The agency must verify each client's eligibility for receiving Ryan White Part B funded services as payer of last resort and must have written procedures regarding the verification process.</p> <p>The eligibility criteria must be written and available to potential clients, referring agencies and others.</p> <p>Eligibility for services and third-party payers must be reviewed at least every 6 months</p> <p>All providers must determine, document, and appropriately update the client's general Ryan White and program specific eligibility data, as applicable.</p>	<p>2.1) Written policies and procedures on file and easily accessible.</p> <p>Written documentation in client's record verifying that the conditions for eligibility have been met.</p> <p>Documentation that provider staff have checked the client's current status and eligibility for Medicaid, Medicare and other third-party payer systems prior to provision of a Ryan White Part B funded service for all services that are billable to Medicaid, Medicare, or other third-party payers.</p> <p>Documentation must include the staff member's initials and signature.</p> <p>Evidence of public material that describes the eligibility criteria.</p> <p>When applicable, a current referral received or reviewed within the last six months from another service provider who has primary responsibility for the client's general Ryan White eligibility status, must be available in the client record.</p>

<p>2.2) Agencies shall upon intake document in the client's chart proof of HIV infection which is one condition of eligibility for receiving Ryan White Part B services.</p>	<p>2.2) A photocopy of HIV-positive Western Blot result with client's name OR</p> <p>A photocopy of a laboratory result</p> <p>A positive status needs to be established only once, during the initial (first ever) intake to establish HIV positive diagnosis via a laboratory result confirming HIV infection or a statement from a clinician confirming a history of HIV diagnosis indicating a detectable viral load.</p>
<p>2.3) Agencies shall, upon intake and document in the client's chart proof of residency in the state of Alabama that is a criterion for eligibility.</p> <p>Established at each new/returning program application and during each birth month and half birth month eligibility recertification. Documentation is required during the new/returning program application and during the annual (birth month) certification.</p> <p>Remote self-attestation of no change may be utilized during the partial (half birth month) recertification</p>	<p>2.3) Proof of residency within the state of Alabama in clients record documented with one of the following:</p> <p>Acceptable documentation includes state issued (non-expired) identification card listing physical Alabama residence, utility bill, or other document listing residential address.</p> <p>Acceptable documentation may also include a post office (P.O.) box with supporting documentation of the applicant's street address (i.e., utility bill; or other legal address documents) or a post-marked envelope addressed to the client by the ADAP or Part B sub-recipient provider mailed to and received by the client at the residential address.</p> <p>When SSI/SSDI letter is more than 90 days additional proof of residency is needed. When no permanent physical address is available (i.e., homeless; transient), a Statement of Temporary Housing is required homeless status.</p>

2.4) The agency must assess annually during each (birth month and half birth month) level of income to ensure that client meets the income criteria of Alabama RWHAP Part B to be eligible for services.

- Established at each new/returning program application and during each birth month and half birth month eligibility recertification.
- Documentation is required during the new/returning program application and during the annual (birth month) certification.
- Remote self-attestation of no change may be utilized during the partial (half birth month) recertification

*Documentation of income should be verified at least every 6 months.

The agency must implement a sliding fee scale that is consistent with applicable federal guidelines

2.4) Within the client's record:

Alabama's RWHAP Part B and ADAP income eligibility guidelines are set 400 percent of the current years FPL, as established by the U.S. Department of HHS. To be eligible for services, a client's total gross income must be less than or equal to no more than 400 percent of the FPL.

*Gross income is income before deductions of income taxes, social security tax, etc.

The following types of documentation are acceptable forms of income verification:

- Copy of most current year's W2, 1040 (include Schedule C; i.e. business owner), or 1040 EZ signed by client.

Note: This option is not available for clients who are working and receiving weekly/bi-weekly/or monthly check paystubs

- Payroll stubs (2 consecutive stubs) dated within the 90 days prior to the new/returning application or biannual (twice a year) recertification. The 90day/30- day exemption, (e.g., current monthly payroll stub of clients that are paid monthly).
- Statement from an employer on official company letterhead showing gross pay for the 30-days prior to the new/returning application or biannual (twice a year) recertification.
- Letter with current year's date from the department of Social Security Services detailing annual benefits is acceptable as financial proof, if applicable, (e.g. SSI/SSDI letter with current year annual SSI/SSDI financial benefits).

	<p>Note: The 90-day/30-day client exemptions, (e.g. clients receiving annual pay documentation detailing benefits or when clients receiving monthly payroll stubs).</p> <p>When claiming no income, a detailed explanation of daily living expense source(s) is required, and the No Income Statement must be completed by answering and certifying the “No Income” question in Alabama’s RWHAP Part B and ADAP shared eligibility system.</p>
2.5) The agency must document all client’s insurance coverage by both public (Medicaid etc.) and other private insurers.	<p>2.5) Documentation, with initials/ signature, that provider staff have checked the client’s status for Medicaid coverage, alabamaservices.org/alportal/Account/Secure%20Site/tabid/56/Default.aspx</p> <p>Documentation that Member Handbook has been reviewed, when applicable.</p> <p>Documentation that client’s salary statement, as applicable, has been reviewed for absence of insurance coverage (as a supporting document).</p>
2.6) The agency must document that the client has third party insurance that covers the services requested before denying access to Ryan White funded services, when applicable.	<p>2.6) A copy of the client’s insurance card – or</p> <p>Documentation, with initials/ signature, that provider staff have checked the client’s status for Medicaid coverage or</p> <p>Verification from private insurance company that includes the date and results, with initials/signature of provider staff securing verification.</p>

3. Clients Rights and Responsibilities

The objectives of establishing minimum standards for client rights and responsibilities are to:

- Ensure that services are available to all eligible clients;
- Ensure that services are accessible for clients;
- Involve consumers of HIV/AIDS services in the design and evaluation of services;
Inform clients of their rights and responsibilities as consumers of HIV/AIDS services.

Standard	Measure
3.1) Services are available to any individual who meets program eligibility requirements.	3.1) Written eligibility requirements on file; client utilization data made available to funder
3.2) The agency has written policies and procedures to protect the rights and responsibilities of clients Upon entry into services the agency must provide each client a copy of a Client Rights and Responsibilities document that informs him/her of the following: <ul style="list-style-type: none"> • Agency's client confidentiality policy. • Agency's expectations of the client as a consumer of services. • Client's right to file a grievance. • Client's right to receive interpreter services at no cost to them. • The reasons for which a client may be discharged from services, including a due process for involuntary discharge. 	3.2) Written policy on file that is easily accessible. Copy of Clients Rights and Responsibilities document that includes the elements listed. The original copy of the document (or a signature/ acknowledgement page that they have been offered and received a copy of the document) signed and dated by client or their legal guardian) and by the agency staff member who explained the form.
3.3) The agency has a written policy that clients have the right to obtain access to their file, as clinically appropriate.	3.3) Written Client Access File Policy that is easily accessible. Copy of Client File Access policy is signed and dated by client and kept in client file

4. Personnel

The objectives of the standards of care for personnel are to:

- Provide clients with access to the highest quality of care by qualified staff;
- Inform staff of their job responsibilities; and
- Support staff with training and supervision to enable them to perform their jobs well.

Standard	Measure
4.1) Staff members have the minimum qualifications expected for their job position as well as other experience related to the position and the communities served	4.1) Résumé in personnel file meeting the minimum requirements of the job description
4.2) Staff members are licensed as required by the sub-grant, local, state or federal regulations at a level necessary to provide services.	4.2) Copy of license or other documentation in personnel file.
4.3) Staff and supervisors know the requirements of their job description and the service elements of the program	4.3) Signed documentation in personnel file that each staff member received a copy of his/her job description.
4.4) Newly hired staff members are oriented within 6 weeks, and begin initial training as needed within 2 months of being hired. Ongoing training continues throughout staff's tenure.	<p>4.4) Documentation in personnel file of</p> <ul style="list-style-type: none"> • Completed orientation within 6 weeks of date of hire, when applicable. • Commencement of initial training within 2 months of date of hire, when applicable. • Personnel records demonstrate ongoing trainings that staff have completed initial training within 6 months of hire either delivered by the agency or off site: <p>This training should include:</p> <ul style="list-style-type: none"> • current Ryan White legislation; Basic HIV knowledge, including the impact of substance abuse and mental health issues on HIV care; Cultural Competence; Title VI of the Civil Rights of 1964; Confidentiality; orientation to agency, including policies and procedures and services provided and other applicable local and federal regulations. <p>There is the expectation that additional training more specific to the population served may be necessary.</p> <ul style="list-style-type: none"> • Documentation on file indicating what training was received.

<p>4.5) Staff members receive a specified amount of administrative supervision per month, and when required, clinical supervision per month.</p> <p>The amount of time should be appropriate to the profession, experience and function of the position and consistent with the licensing standards of the respective position or as otherwise specified in the specific standards of care.</p> <p>Administrative and clinical supervision may be conducted by separate individuals.</p>	<p>4.5) Documentation on file indicating</p> <ul style="list-style-type: none"> • Date of supervision • Type of supervision (administrative or clinical) • Name and title of supervisor
<p>4.6) Staff members receive the minimum amount of continuing education as required by their licensing board.</p> <p>Agency staff must attend training sessions as deemed necessary by (ADPH)</p>	<p>4.6) Documentation in personnel file.</p>

5. Cultural Competence and Sensitivity

Program must provide services that are culturally and linguistically appropriate.

Culturally and linguistically appropriate services are those that

- respect, relate, and respond to a client's culture, sexual orientation, gender expression or age, in a non-judgmental, respectful, and supportive manner;
- are affirming and humane, and rely on staffing patterns that match the needs and reflect the culture and language of the communities being served;
- recognize the power differential that exists between the provider and the client and seek to create a more equal field of interaction; and
- are based on individualized assessment and stated client preferences rather than assumptions based on perceived or actual membership in any group or class.

Standard	Measure
<p>5.1) Programs recruit, retain, and promote a diverse staff that reflects the cultural and linguistic diversity of the community.</p> <p>Programs have a strategy on file to recruit, retain and promote qualified, diverse, and linguistically and culturally competent administrative, clinical, and support staff who are trained and qualified to address the needs of people living with HIV/AIDS</p>	<p>5.1) Written strategy on file and easily accessible.</p>

<p>5.2) All staff receive on-going training and education to build cultural and linguistic competence and/or deliver culturally and linguistically appropriate services</p>	<p>5.2) All staff members receive appropriate training within the first year of employment and periodically thereafter as needed, with respect to the racial, ethnic, religious, linguistic and other cultural influences, common to significant parts of their client population, including substance abuse, mental health, Lesbian\ Gay\Bisexual\Transgender (LGBT), incarcerated, youth, seniors and deaf cultures.</p> <p>Copies of training verification in personnel file.</p>
<p>5.3) Programs assess the cultural and linguistic needs, resources, and assets of its service area and target population</p>	<p>5.3) Programs collect and use demographic, epidemiological, and service utilization data in service planning for target population(s).</p>
<p>5.4) All programs must ensure access to services for clients with limited English skills in one of the following ways (listed in order of preference):</p> <ul style="list-style-type: none"> • Bilingual staff who can communicate directly with clients in preferred language • Face to face interpretation provided by qualified staff, contract interpreters, or volunteer interpreters; • Telephone interpreter services (for emergency needs or for infrequently encountered languages) • Referral to programs with bilingual/ bicultural clinical, administrative and support staff and/or interpretation services by a qualified bilingual/bicultural interpreter • The agency must have written policies and procedures for all of the above. • The agency must post signs in multiple languages offering interpreter services. 	<p>5.4) For bilingual staff, résumés on file demonstrating bilingual proficiency and documentation on file of training on the skills and ethics of interpreting.</p> <p>Documentation of access to these services such as the following:</p> <ul style="list-style-type: none"> • Copy of certifications on file for contract or volunteer interpreters. • Listings/directories on file for telephone interpreter services. • Listings/directories on file for referring clients to programs with bilingual/bicultural clinical, administrative and support staff, and/or interpretation services by a qualified bilingual/ bicultural interpreter. • Written policy and procedures on file that are easily accessible.

<p>5.5) Family and friends are not considered adequate substitutes for interpreters because of privacy, confidentiality, and medical terminology issues. If a client chooses to have a family member or friend as their interpreter, the provider must obtain a written and signed consent in the client's language. Family member or friend must be over the age of 18.</p>	<p>5.5) Family/friend interpretation consent form signed by client or their legal guardian and maintained in client record.</p>
<p>5.6) Programs must conduct ongoing assessments of the program and staff's cultural and linguistic competence.</p>	<p>5.6) Programs integrate cultural competence measures into program and staff assessments (e.g., internal audits, performance improvement programs, patient satisfaction surveys, personnel evaluations, and/or outcome evaluations)</p>
<p>5.7) Clients have access to linguistically appropriate signage and educational materials.</p>	<p>5.7) Programs provide commonly used educational materials and other required documents (e.g., grievance procedures, release of information, rights and responsibilities, consent forms, etc.) in the language that at least 15% of the agency's client population speaks, and thus appropriately reflects the demographics of the agency's population.</p> <p>Programs that do not have threshold populations have a documented plan for explaining appropriate documents and conveying information to those with limited English proficiency.</p>

6. Intake

The objectives of the standards for the intake process are to:

- assess client's immediate needs;
- inform the client of the services available and what the client can expect if she/he were to enroll;
- establish the client's eligibility for services, including HIV status and other criteria;
- establish whether the client wishes to enroll in a range of services or is interested only in a discrete service offered by the provider agency;
- explain the agency policies and procedures;
- collect required state/federal client data for reporting purposes;
- collect basic client information to facilitate client identification and client follow up; begin to establish a trusting client relationship.

Intake is conducted by an appropriately trained program staff or intake worker. The intake worker will review client rights and responsibilities, explain the program and services to the client, explain the agency's confidentiality and grievance policies to the client, assess the client's immediate service needs, and secure permission from the client to release information (if there is an immediate need to release information).

Standard	Measure
6.1) Intake process is completed within 14 days of initial contact with client and documents client's contact information (including his/her emergency contact's name and phone number) and assesses his/her immediate service needs and connection to primary care and other services.	6.1) Completed intake, dated no more than 14 days after initial contact, in client's record.
6.2) All providers should ask new or returning clients whether they are linked to primary medical care and other services including medical case management, as needed. If not linked it is the providers responsibility to make the client aware of information for appropriate service providers.	6.2) Documentation in client's file.

7. Assessment and Individual Service Plan

The objectives of the standards for assessment and service plan are to:

- gather information to determine the client's needs;
- identify the client's goals and develop action steps to meet them;
- identify a timeline and responsible parties for meeting the client's goals; and
- ensure coordination of care with appropriate providers and referral to needed services.

All providers must assess the client's needs for the provider's service(s) to develop an appropriate service plan. This is not the same as the comprehensive medical case management assessment, which is the responsibility of the client's case manager (see service-specific standards for Medical Case Management Services) in collaboration with the client.

Service assessments include an assessment of all issues that may affect the need for the provider's service. The assessment is a cooperative and interactive endeavor between the staff and the client. The client will be the primary source of information. However, with client consent, assessments may include additional information from case manager(s), medical or psychosocial providers, caregivers, family members, and other sources of information, if the client grants permission and signs an ROI to obtain access to these sources. The assessment should be conducted face-to-face within 30 days of intake, with accommodations for clients who are too sick to attend the appointment at the provider agency.

The purpose of the medical case management service plan is to guide the provider and client in their collaborative effort to deliver high quality care corresponding to the client's level of need. It should include short and long-term goals, based upon the needs identified in the assessment, and action steps needed to address each goal. The ISP should include specific services needed and referrals to be made, including clear time frames and an agreed upon plan for follow up.

Standard	Measure
7.1) Within 30 days of initial client contact, an assessment is conducted of client's need for particular service.	7.1) Completed assessment in the client record, dated within 30 days of initial client contact.
7.2) Within 30 days of completing the assessment, the ISP is developed collaboratively with the client that identifies goals and objectives, resources to address client's needs, and a timeline.	7.2) Completed medical case management service plan in client file signed by the client and staff person.
7.3) Reassessment of the client's needs is conducted as needed, but not less than once every six months.	7.3) Documentation of reassessment in the client files (e.g., progress notes, update notes on the initial assessment, or new assessment form).

7.4) ISP is reviewed and revised as needed, but not less than once every six months.	7.4) Documentation of the review and revision of the ISP in client's record (e.g., progress notes, update notes on initial plan, or new plan). Updated plan shall be signed by client, staff person, and supervisor.
7.5) Program staff identify and communicate as appropriate (with documented consent of client) with other service providers to support coordination and delivery of high-quality care and to prevent duplication of services, if client does not have a medical case manager	7.5) ROI forms for every service provider are in the client's record, when applicable. Documentation in client file of other staff within the agency or at another agency with whom the client may be working, if applicable.